

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005888

Entity Name: CASCADE LAKES RESIDENTS' ASSOCIATION, INC.**Current Principal Place of Business:**5075 CASCADE LAKES BLVD.
BOYNTON BEACH, FL 33437**Current Mailing Address:**5075 CASCADE LAKES BLVD
BOYNTON BEACH, FL 33437 US**FEI Number:** 20-0040404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES
6111 BROKEN SOUND PARKWAY NW STE 200
BOCA RATON, FL 33487 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name GREEN, JEFFREY D.
Address 5274 WYCOMBE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name ANDELSON, ARTHUR
Address 5342 LANDON CIRCLE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name DINGEE, ROBERT
Address 5423 LANDON CIRCLE
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER
Name GREENE, RICHARD
Address 5288 GLENVILLE DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name SCHMER, SUSAN
Address 5204 CLOVER CREEK DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY
Name NAST, PATRICIA
Address 5337 ANGEL WING DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title VP
Name ANDREAS, SHEILA A.
Address 5304 GLENVILLE DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY D. GREEN**PRESIDENT****03/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date